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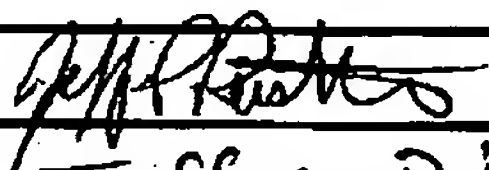
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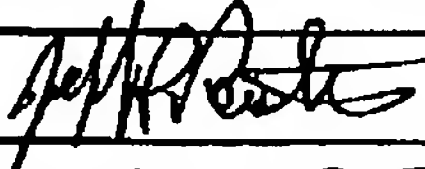
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/597,346	
	Filing Date	08/23/2006	
	First Named Inventor	Jeffrey P. Reistroffer	
	Art Unit	3641	
	Examiner Name	Stephen M. Johnson	
Total Number of Pages in This Submission	13	Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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Remarks Response to Examiner's request for restriction / election, with amended claims.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name			
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Printed name	Jeffrey P. Reistroffer		
Date	10-24-2010	Reg. No.	

CERTIFICATE OF TRANSMISSION/MAILING			
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